

Case Number:	CM15-0137182		
Date Assigned:	07/27/2015	Date of Injury:	03/22/2013
Decision Date:	08/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old female, who sustained an industrial injury on 3/22/13. Initial complaints were of her left foot and lower back. The injured worker was diagnosed as having left foot injury; metatarsal fracture left foot; status post fusion/broken screw. Treatment to date has included status post left foot surgical intervention/removal of the OS tibial external anchor, posterior tibial tendon back to navicular, fixation of the avulsion fracture of the medial cuneiform bone (5/13/13); status post left foot hardware removal left metatarsal screw, removal distal port (3/24/15); (chiropractic therapy; physical therapy; aquatic therapy; medications. Currently, the PR-2 notes dated 7/1/15 indicated the injured worker is there for a follow-up. She is a status post left foot hardware removal left metatarsal screw (3/24/15. She developed a pulmonary embolus after surgery. He documents she is fully released and has been working unrestricted and able to modify as necessary to accommodate the foot, which only hurts with pressure on screw insertion site. She complains the low back has been hurting since going back to work. She reports shortness of breath is improving and she exercising in the pool 1 ½ hours at a time to develop strength and fitness again. She is seeing a chiropractor for back issues. She complains of the hip still hurting but her foot is better and able to put her shoe on today. Medications history is documented as Atenolol 25mg four times daily as needed, Tylenol #4 1-1 tabs three times daily as needed and IBU-200mg. The provider examines the left foot noting the healed incision site on the medial aspect of her foot. The provider is requesting authorization of additional chiropractic therapy for the lower back 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional Chiropractic x 6 for lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 7/8/15 denied the request for additional Chiropractic care, 6 visits for management of lumbar spine residuals, citing CAMTUS Chronic Treatment Guidelines. The patient's treatment history prior to the 7/1/15 PR-reflected 27 Chiropractic visits with no current report that the prior applied care led to any documented evidence of functional improvement. The reviewed medical records and referenced CAMTUS Chronic Treatment Guidelines do not support additional Chiropractic care to the patient lower back region. Therefore, the request is not medically necessary.